

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012272

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

172

Primary Registration District No.

4273

Registrar's No.

16

FILED MAR 26 1963

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DAVIS		c. CITY OR TOWN CONCORDIA	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 MI. NORTH CONCORDIA MO		d. STREET ADDRESS (If outside, give location) 2 MI. NORTH	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First OSCAR Middle ERVIN Last FREEMING			4. DATE OF DEATH Month MARCH Day 23 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV 24 1893	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN FARMING		11. BIRTHPLACE (City and state or country) CONCORDIA MO	
12. CITIZEN OF WHAT COUNTRY U.S.A					

13a. FATHER'S NAME OTTO FREEMING		13b. MOTHER'S MAIDEN NAME MARGARET JUNG		14. NAME OF HUSBAND OR WIFE HULDA FREEMING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. 81		17. INFORMANT Mrs HULDA FREEMING CONCORDIA MO	

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia Passive Lung Congestion Conditions, if any, which gave rise to above cause (a), stating the underlying cause - last. DUE TO (b) - DUE TO (c) -		INTERVAL BETWEEN ONSET AND DEATH -	
---	--	--	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -	
20c. TIME OF INJURY Hour - s.m. - p.m. -	Month, Day, Year -		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 8/6/58	20f. CITY, TOWN, OR LOCATION 3/23/63	COUNTY - STATE -
21. I attended the deceased from 9:50 PM 3/23/63 in Concordia, Mo. and last saw him alive on 3/22/63 . Death occurred at 9:50 PM 3/23/63 on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Edmund Freack MD	22b. ADDRESS Concordia, Mo.	22c. DATE SIGNED 3/24/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR 26 1963	23c. NAME OF CEMETERY OR CREMATORY ST. PAULS
23d. LOCATION (City, town, or county) CONCORDIA MO	25. DATE RECD. BY LOCAL REG. MAR. 25. 63	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan
24. FUNERAL DIRECTOR E. S. James ADDRESS Concordia, Mo		

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59
1 0540
2 0540
3
4 0
5 1
6
7 0
8 2
9 522X
10
11
12 90-0
13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. L. James

Licensed Embalmer No. 2458

P. O. Address

Concordia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.